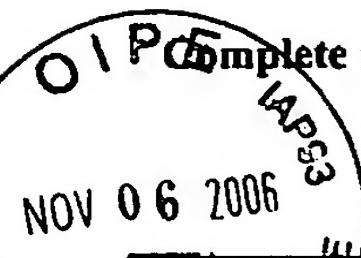


Nov-06-2006 14:55

From-EMC LAW DEPARTMENT

5084976915

T-242 P.004/004 F-497



Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
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OFFICE OF THE GENERAL COUNSEL  
176 SOUTH STREET  
HOPKINTON, MA 01748  
11/07/2006 RMEBRAH1 00000030 050889 10654852

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Linda Valanzola	(Depositor's name)
Riake Valanzola	(Signature)
11/06/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/654,852	09/04/2003	Christopher S. MacLellan	EMC-03-066	5274

**TITLE OF INVENTION: METHOD OF AND SYSTEM FOR VALIDATING AN ERROR CORRECTION CODE AND PARITY INFORMATION ASSOCIATED WITH A DATA WORD**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/09/2006
EXAMINER		ART UNIT			CLASS-SUBCLASS	
RIZK, SAMIR WADIE		2133			714-758000	

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 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Krishnendu Gupta

2 Scott A. Ouellette

3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EMC Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hopkinton, MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 Payment by credit card. Form PTO-2038 is attached.  
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

11/6/06

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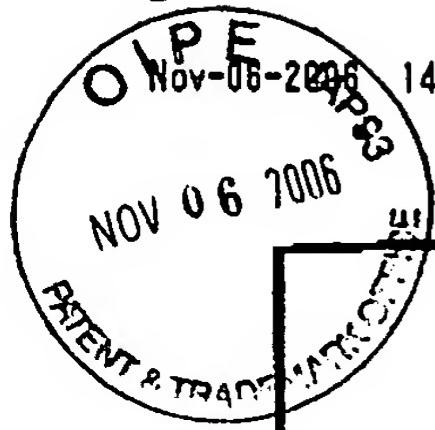
Scott A. Ouellette

Registration No.

38,573

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T-242 P.001/004 F-497

## TRANSMITTAL FORM

**DUPPLICATE**

		Application No.:	10/654,852
		Filing Date:	September 04, 2003
		First Named Inventor:	Christopher S. MacLellan
		Confirmation No.:	5274
		Group Art Unit	2133
		Examiner:	Rizk, Samir Wadie
		Customer No.	24227
Total Number of Pages in this Submission:	4	Docket No.	EMC-03-066

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment Recordation Cover Sheet <input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
<input type="checkbox"/> Amendment  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Decl.	<input type="checkbox"/> Revocation of Power of Attorney <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Letter to Official Draftsperson with sheets of Formal Drawings, Figs. 1 through , labeled.	<input type="checkbox"/> Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate) <input type="checkbox"/> Fee Transmittal (in duplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Certificate of Mailing or Transmission
<input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Extension of Time Request: for _____ Months	<input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review" <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Certificate of Express Mail Mailing <input type="checkbox"/> Postcard <input type="checkbox"/> Additional Enclosures:
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application		

### SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

11/6/06

Date

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176 South Street  
Hopkinton, MA 01748

Tel: (508) 293-7835  
Fax: (508) 293-7189

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

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Linda Valanzola

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